evidence on QoL and long-term survival for prostate cancer patients, including those with castration-resistant prostate cancer (CRPC). The HTAs recommend randomized clinical trials with sufficient follow-up to measure benefits in terms of overall survival. The trials should include QoL measurements to establish trade-offs between potential adverse events and benefits of treatment. **CONCLUSIONS:** A lack of evidence on QoL for prostate cancer patients is largely responsible for an absence of specific recommendations from HTAs on QoL measures for prostate cancer. This has created uncertainty regarding HTA agencies' preferred QoL measures. Several current randomized clinical trials for CRPC will advance significantly the QoL evidence pool for prostate cancer.

PCN90

PRO INSTRUMENTS USED TO MEASURE SYMPTOM IMPACTS OF FATIGUE AND PAIN IN PROSTATE CANCER DRUGS TRIALS

Peeters P[1], Casamayor M[2], Moïse P[1], Holmstrom S[3]
[1]*Quintiles, Levallois-Perret, Ile-de-France, France,* [2]*Quintiles, Barcelona, Spain,* [3]*Astellas Pharma Europe, Leiderdorp, The Netherlands*

OBJECTIVES: Understand what fatigue and pain-specific PRO instruments are being used in the most recent clinical trials for recently approved prostate cancer drugs. **METHODS:** We searched the ClinicalTrials.gov database. Searches were limited to drugs recently approved by the FDA and EMA (cabazitaxel, docetaxel, degarelix, histrelin, bicalutamide, leuprolide, leuprorelin, triptorelin), but not to any specific prostate cancer stage. The search terms used were "quality of life OR QOL OR patient reported outcome" (outcome measure) and "prostate cancer" (for condition). Phase I trials were not considered. We supplemented the search with reviews of EMA or CMDh drug labels for PRO information. The search was validated with a Medline search using the above limitations and search terms, limited to articles published since 1 January 1999. **RESULTS:** 67 clinical trials with PROs or QoL were identified, 33 docetaxel, 14 bicalutamide, 13 leuprolide/leuprorelin, 5 degarelix, 2 triptorelin and 1 cabazitaxel. The MOTIF trial, to determine the efficacy of modafinil in alleviating fatigue in PC patients undergoing docetaxel-based chemotherapy, was the only trial to assess fatigue. FACIT-F and SOMA were the PRO instruments used. Two docetaxel trials and the cabazitaxel trials were the only ones to have used a pain-specific PRO, the PPI item from the McGill Pain Questionnaire, to measure this symptom. **CONCLUSIONS:** Despite the ubiquity of fatigue as a side effect of both hormonal therapy and chemotherapy for prostate cancer, only one trial assessed this symptom with a dedicated PRO instrument. Although pain can be one of the most debilitating symptoms associated with prostate cancer, only three trials used a dedicated PRO instrument to assess this symptom. It is unclear why more PC trials do not use fatigue and pain-specific PRO instruments.

PCN91

ARTHRALGIA AND PATIENT-REPORTED OUTCOMES IN POSTMENOPAUSAL WOMEN WITH EARLY BREAST CANCER TAKING AROMATASE INHIBITORS: LONGITUDINAL ANALYSES

Castel LD[1], Mayer IA[1], Chen H[1], McLellan SE[1], Deppen SA[1], Abramson VG[1], Boomershine CS[2], Friedman DL[1], Gundy CM[3], Lenderking WR[4], Hartmann KE[1], Johnson DH[5], Cella DF[6]
[1]*Vanderbilt University Medical Center, Nashville, TN, USA,* [2]*Division of Rheumatology and Immunology, Vanderbilt University, Nashville, TN, USA,* [3]*The Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands,* [4]*United BioSource Corporation, Lexington, MA, USA,* [5]*University of Texas Southwestern Medical School, Dallas, TX, USA,* [6]*Northwestern University, Chicago, IL, USA*

OBJECTIVES: To prevent cancer recurrence, each year over 100,000 US women begin a 5-year course of aromatase inhibitors (AIs) for early-stage breast cancer. AI-related joint pain (arthralgia) may interfere with patients' well-being in several domains. There is no arthralgia measurement tool validated in this population specifically, and more information is needed about the impact of arthralgia on patient-reported outcomes (PROs) in these patients. We sought to assess relationships of arthralgia with PROs over the 1st 12 weeks of AI therapy. **METHODS:** Postmenopausal female oncology outpatients with early stage breast cancer (N=52, pilot sample of the Breast Cancer Adjuvant Therapy cohort) completed paper surveys prior to AI initiation, and every 2 weeks thereafter for 12 weeks. Pain was measured in 16 joint locations using a 0-10 numeric rating scale. Baseline covariates included age, comorbidities, existing major depressive disorder (PHQ-2), social support (DUFSS), performance status (ECOG), and menopausal symptoms (FACT-ES). Time-varying PROs examined included physical function, sleep disturbance, pain interference, and emotional distress (depression), all of which were measured using PROMIS static short forms. We used mixed models to analyze arthralgia and PROs. **RESULTS:** Mean age was 62 years (SD=10). The majority of women had active performance status (n=46) and no major depression (n=47) at baseline. Median worst pain in any joint prior to AI initiation was 1 out of 10 (interquartile range=0-5). Adjusting for baseline covariates, greater arthralgia was associated with worse physical function (β=−0.09[−0.13, −0.04]), greater pain interference (β=0.15[0.09,0.20]), and greater emotional distress (β=0.06[0.01,0.11]) but not with sleep disturbance (β=−0.01[−0.03,0.004]). **CONCLUSIONS:** These preliminary findings will be used to develop and validate the Patient-Reported Arthralgia Inventory, toward improving arthralgia measurement. Our findings contribute to understanding how arthralgia relates to PROs over the 1st 12 weeks of AI therapy. Targeted AI adherence interventions will rely on comprehensive longitudinal PRO information.

PCN92

PSYCHOMETRIC COMPARISION OF THE EQ-5D-3L TO THE EQ-5D-5L IN CANCER PATIENTS IN KOREA

Kim SH, Jo MW
University of Ulsan College of Medicine, Seoul, South Korea

OBJECTIVES: The purposes of this study were to investigate redistribution properties of EQ-5D-5L and to compare the validity and reliability of each EQ-5D version for Korean cancer patients. **METHODS:** Patients visiting one ambulatory cancer center self-administered the two EQ-5D versions and EORTC QLQ-C30 questionnaire. Redistribution properties are examined between EQ-5D-5L and EQ-5D-3L. Convergent validity of these two versions was evaluated by comparing EQ-VAS, ECOG performance status and EORTC QLQ C30 subscales. Discriminant ability was evaluated based on Shannon index and ceiling effect and test-retest reliability was evaluated using kappa statistics and intraclass correlation coefficient. **RESULTS:** Inconsistent rate was 3.5% between two versions. In convergent validity, EQ-5D-5L demonstrated similar or higher correlations with EQ-VAS, ECOG performance status and EORTC QLQ-C30 compared with EQ-5D-3L. Absolute informativity in EQ-5D-5L was improved but relative informative is similar to the EQ-5D-3L. Ceiling effect was decreased from 16.8% in the 3L version to 9.7% in the 5L version. Agreements by Kappa were fair to good in 4 dimensions except usual activities in both EQ-5D instruments. Intraclass correlation coefficient of EQ-5D-$5L_{index}$ was 0.77. **CONCLUSIONS:** The EQ-5D-5L version appear a valid and reliable quality of life instrument in cancer patients. EQ-5D-5L enhanced descriptive richness and diminished ceiling effect compared with EQ-5D-3L.

PCN93

ATTACHMENT STYLE AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PROSTATE CANCER

Sansgiry S[1], Hart SL[2], Coon DW[3], Siffert KJ[4], Latini DM[1]
[1]*VA HSR&D Center of Excellence Michaoel E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, TX, USA,* [2]*Ryerson University, Toronto, ON, Canada,* [3]*Arizona State University, Phoenix, AZ, USA,* [4]*University of Houston, Houston, TX, USA*

OBJECTIVES: Attachment style, or ability to be self-reliant and trust others, categorized as secure, preoccupied, dismissing or fearful, is related to health outcomes. Individuals successfully seeking social support can better cope with negative events. The attachment style of gay men may affect their ability to be public about their sexual orientation and seek support, which could affect their health-related quality of life (HRQOL). We assessed variation in the attachment style of gay men with prostate cancer and its relationship with HRQOL. **METHODS:** Participants (N=91) were from a convenience sample of gay men with localized prostate cancer. HRQOL was measured using the Short Form-36 (SF-36) (v1.0) and the Expanded Prostate Cancer Index Composite (EPIC); the attachment style was scored using the Relationship Questionnaire. Differences in attachment style were assessed using ANOVA. Multiple regression models were run to predict the SF-36 physical (PCS) or mental (MCS) components. **RESULTS:** Individuals with dismissing attachment style had lower social network scores and indicated higher bowel symptom bother, though their bowel function was higher than that of fearful individuals ($p<0.05$). Dismissing individuals were more comfortable being public about their sexual orientation than preoccupied individuals; had a higher MCS, but did not differ on PCS than fearful individuals. After adjusting for demographics, social support, especially size of social network, predicted the MCS; while bowel functioning, urinary/sexual bother, and comfort with being public about their sexual orientation predicted the PCS on the SF-36 ($p<0.05$). **CONCLUSIONS:** Social network may vary by attachment style, affecting psychosocial adjustment. Interventions should use attachment style as a marker for limited social support and poor long-term HRQOL to identify gay men with prostate cancer needing additional assistance.

PCN94

HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN 1ST LINE NON-SQUAMOUS NON-SMALL CELL LUNG CANCER (NSCLC) PATIENTS IN A REAL LIFE SETTING: BEVACIZUMAB-BASED VERSUS NON-BEVACIZUMAB BASED THERAPY IN A EUROPEAN PILOT STUDY

Chouaid C[1], Bischoff HG[2], Vergnenegre A[3], Heigener DF[4], Taylor-Stokes G[5], Roughley A[5], Walzer S[6]
[1]*Hôpital Saint Antoine, Paris, France,* [2]*Thoraxklinik Heidelberg GmbH, Hedelberg, Germany,* [3]*SIME, Limoges, France,* [4]*Krankenhaus Grosshansdorf, Grosshansdorf, Germany,* [5]*Adelphi Real World, Macclesfield, Cheshire, UK,* [6]*F. Hoffmann-La Roche Pharmaceuticals AG, Basel, Switzerland*

BACKGROUND: Bevacizumab has been used in first line NSCLC in Europe since its regulatory approval in 2007. Bevacizumab has demonstrated significantly improved survival in randomized phase III trials. However, no HRQoL outcomes have been reported so far. **OBJECTIVES:** To investigate the comparative HRQoL of bevacizumab-based therapy versus non-bevacizumab based therapy in 1st line non-squamous NSCLC in two European countries. **METHODS:** Data were drawn from the Adelphi NSCLC Disease Specific Programme, a large cross-sectional study of consecutively presenting patients in France and Germany in 2010. Physicians provided retrospective information regarding disease status and treatment patterns, with matched patients invited to complete a questionnaire including the EQ-5D and FACT-L instruments. Propensity scoring methods were used to match the two comparison groups on confounding variables including age, performance status and time since diagnosis. A t-test was used to assess the relationship between current treatment and quality of life. **RESULTS:** 363 non-squamous patients receiving first line treatment were analysed, of which 132 were currently receiving bevacizumab-based therapy and 231 were currently receiving non-bevacizumab-based therapy. The quality of life scores using the FACT-L instrument (based on the matched samples) were 77.3 for bevacizumab patients (95% CI 73.7 to 81.0) compared with 74.1 for non-bevacizumab patients (95% CI 70.9 to 77.33), p=0.19. The EQ-5D scores for Progression-Free Survival were 0.68 for the bevacizumab group (95% CI 0.63 to 0.74) and 0.66 for the comparative patients (95% CI 0.62 to 0.71), p=0.57. **CONCLUSIONS:** This real-life pilot study shows that bevacizumab-based therapy does not have any detrimental effect on HRQoL as measured by the EQ-5D and the FACT-L.